

Telefax  
Transmittal  
Cover sheet



29160 Intervet Lane  
P.O. Box 318  
Millsboro, DE  
19966-0318  
(302) 934-8051

October 5, 2004

RECEIVED  
CENTRAL FAX CENTER

OCT 05 2004

2...pages including cover sheet..

PERSON TO:	COMPANY/DEPT TO:	FAX NUMBER:
------------	------------------	-------------

Examiner Leigh Maier

United States Patent and  
Trademark Office  
Art Unit: 1623

703-872-9306

PERSON FROM:	COMPANY/DEPT FROM:	FAX NUMBER:
--------------	--------------------	-------------

Diane Payne

Akzo Nobel Pharma Patent  
Department

302-934-4305

USSN: 10/049,393

Customer Number: 31846

Attorney Docket No.: O-1999.475 US

Please accept the documents which follow in the above-identified application:

Change of Correspondence Address Application PTO SB 122 (1 page)

## CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being facsimile transmitted to the Patent and  
Trademark Office on the date shown below.

BY:

Date:

10/5/04

THIS MESSAGE IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS  
ADDRESSED, AND MAY CONTAIN PROPRIETARY INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL,  
AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF YOU ARE NOT THE ADDRESSEE, YOU ARE  
HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION, OR COPYING OF THIS COMMUNICATION  
IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, NOTIFY US  
IMMEDIATELY BY TELEPHONE (COLLECT). THANK YOU.

PTO/SB/122 (09-04)

Approved for use through 07/31/2008. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# **CHANGE OF CORRESPONDENCE ADDRESS Application**

Address to:  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Application Number	10/049,393
Filing Date	February 12, 2002
First Named Inventor	BOM, Antonius
Art Unit	1623
Examiner Name	MAIER, Leigh C.
Attorney Docket Number	O-1999.475 US

Please change the Correspondence Address for the above-identified patent application to:

☒ The address associated with  
Customer Number:

31848

**RECEIVED  
CENTRAL FAX CENTER**

OR

☐ Firm or  
Individual Name

OCT 05 2004

Address

City

State

Zip

Country

Telephone

Fax

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

- ☐ Applicant/Inventor
- ☐ Assignee of record of the entire interest.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☒ Attorney or agent of record. Registration Number 45,825
- ☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number

Signature

 TYPED OR PRINTED  
NAME

Mark W. Milstead

Date October 5, 2004

Telephone 302-934-4395

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.